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## 2015 Defense Health Information Technology Symposium

# Defense Medical Information Exchange (DMIX) Program Update



***“Medically Ready Force...Ready Medical Force”***

# DHA Vision



**“A joint, integrated, premier system of health, supporting those who serve in the defense of our country.”**

***“Medically Ready Force...Ready Medical Force”***

# DMIX Mission



**The mission of the Defense Medical Information Exchange (DMIX) is to provide technical solutions for seamless data sharing and interoperable electronic health records (EHRs) that will evolve with National Standards.**



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# Learning Objectives



- Provide update on current DoD data sharing initiatives
- Address interoperability goals from the DoD perspective
- Provide updates on the DMIX Program FY15 Objectives and strategic plan
- Provide update on the JLV viewer capability improvements and plans for the next year

# Agenda



- DMIX Introduction and Overview
- Organization Chart
- JLV Overview
- JLV Way Ahead and User Expansion
- Health Information Exchange Onboarding
- DMIX Roadmap and Interoperability Plan
- DMIX Programmatic Overview

# DMIX Overview



The Defense Medical Information Exchange (DMIX) Program is focusing on data-sharing efforts with DoD, VA, and private sector partners to enable healthcare providers access to more health information than ever before in a timely manner, thus improving clinical decision-making for better patient care.

## Interoperability

Provides software capabilities consistent with national standards and ONC initiatives in order to electronically share service member, veteran, and beneficiary health information with federal, state, and local agencies, and private sector partners.

1.5+ Million  
Data Elements Exchanged  
Daily



7.4 Million  
Unique Patients



## Viewer – Joint Legacy Viewer (JLV)

Provides a common platform for clinical decision making, and to view healthcare data from legacy DoD, VA, and civilian partner EHRs in a secure, standards-based manner. Focuses on architecture, design, infrastructure, and clinical capabilities.

9.5+ Million  
Eligible Beneficiaries



5.9 Million  
Correlated Records w/VA

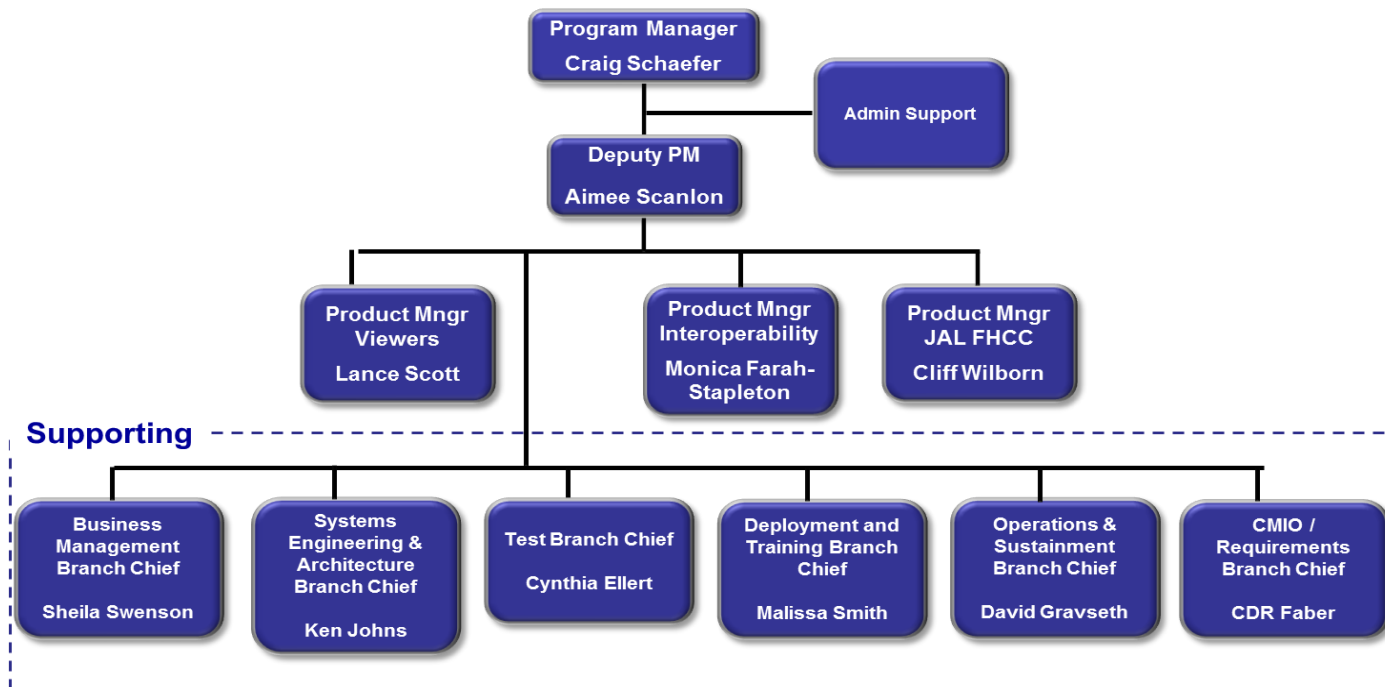


## JAL FHCC

An integrated federal health care facility with multiple care locations, James A. Lovell Federal Health Care Center (JAL FHCC) is a unique DoD/VA endeavor under a single line of authority to manage DoD and VA medical and dental care provided to beneficiaries while meeting the missions of both Departments.

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# DMIX Organization Chart



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# JLV Overview

JLV provides an integrated, read-only view of healthcare data from Department of Defense (DoD) and Veterans Affairs (VA) in a common viewer.

JLV may be configured by clinicians through the use of mini applications called “widgets” to match their workflow.

Clinical Data Widget	Description of data displayed (additional data available in expanded view of widget)
Admissions	Dates of admissions and discharge for each episode as well as ward and site.
Allergies	Allergen, reaction, severity and site where recorded
Appointments	Date, provider, clinic, and site
Clinical Reminders	VA only reminder information including due date, when last completed, reminder type and site where reminder is in effect
Community Health Summaries	Patient's VA approved community partner information, including C32 documents and source
Consults	Consult information including date, type and site and other DoD inpatient care notes
Demographics	Patient's personal data/demographics information
Discharge/ Essentris Notes	Discharge notes, including date, type and site and other DoD inpatient care notes
Encounters	Date, clinic, provider and site for each encounter
Immunizations	Immunization history including date, vaccine name, reaction, if any and site
Lab Orders/Panel Results	Lab orders and panels and the associated results
Lab Results	Lab results including microbiology and anatomic pathology
Inpatient Medications	Inpatient medications including status and where prescribed
Outpatient Medications	Outpatient medications including last fill, status, expiration date and site where prescribed
Orders	Patient orders with order date, status and site where written
Procedures	Procedures with date, location, provider, procedure description, and site
Problem List	Problem, onset, when updated, status and site where recorded
Progress Notes	Progress notes including the type, author and site where written
Questionnaire and Deployment Assessment	Pre and Post Deployment assessments
Radiology Exams	Radiology exams ordered along with the corresponding report and image if available
Social, Medical, and Other Histories	History records from DoD only and includes the date reported type, and findings, status and site where recorded
Vitals	Vital sign information including date taken, type, result, the units and where taken

The screenshot displays the JLV interface for a patient named CHDRZZTESTPATIENT,CHDR2WO. The interface includes a patient search bar, system status, and various clinical data widgets. A red arrow points to the 'Progress Notes' widget, which is circled in red.

**Immunizations (10)**

Admin Date	Local Vaccine Name	Site
May 09, 2013	RABIES,IM	RIC
Dec 17, 2009	INFLUENZA	SDC
Dec 17, 2009	HEPATITES A	SDC
Dec 17, 2009	DIPHTHERIA-TETANUS	SDC
Aug 10, 2007	Hep A (Adult)	DoD
Aug 10, 2007	Hep B - Adult	DoD
Aug 10, 2007	Vaccinia	DoD

**Outpatient Medications (11)**

Last Fill	Local Prescription N...	Status	Expires	Site
Apr 27, 2014	DIPHENHYDRAMINE HCL 25 MG CAPSULE ORAL	Expired	May 07, 2014	DoD
Apr 27, 2014	BLUPROPRION 800 MG TABLET ORAL	Expired	May 27, 2014	DoD
May 14, 2013	TOPIRAMATE 300MG TAB	EXPIRED	May 15, 2014	MIN
May 14, 2013	TOPIRAMATE 100MG TAB	EXPIRED	May 15, 2014	MIN
May 14, 2013	ACETAMINOPHEN TAB 500MG	EXPIRED	May 15, 2014	STL
May 10, 2013	CYCLOBENZAPRINE HCL 10MG TAB	EXPIRED	May 11, 2014	LIT
May 09, 2013	METFORMIN HCL 1000MG TAB	EXPIRED	May 10, 2014	STL

**Progress Notes (7)**

Date	Local Note Title	Provider	Site
Jun 18, 2014	Progress Note	MIDTHER, BETHMIDTHER	DoD
Jun 02, 2014	Progress Note	MIDTHER, BETHMIDTHER	DoD
May 29, 2014	PHYSICIAN INPATIENT ATTENDING NOTE	MOHAMEE, SHANE	RIC
May 16, 2014	Authorization For Disclosure Of Medical Or Dental Information	SCOTT, JOHN S	DoD



# JLV Way Ahead - Priorities



**DMIX is working to make JLV an Enterprise tool with more complete data for the benefit of clinicians in every MTF. The priority areas are:**

- **Expand JLV User Base – Enterprise Capability**
- **Retire Duplicative Tools – Viewers and Adaptors**
- **Increasing Access to Private Sector Health Data**

# Expand JLV User Base

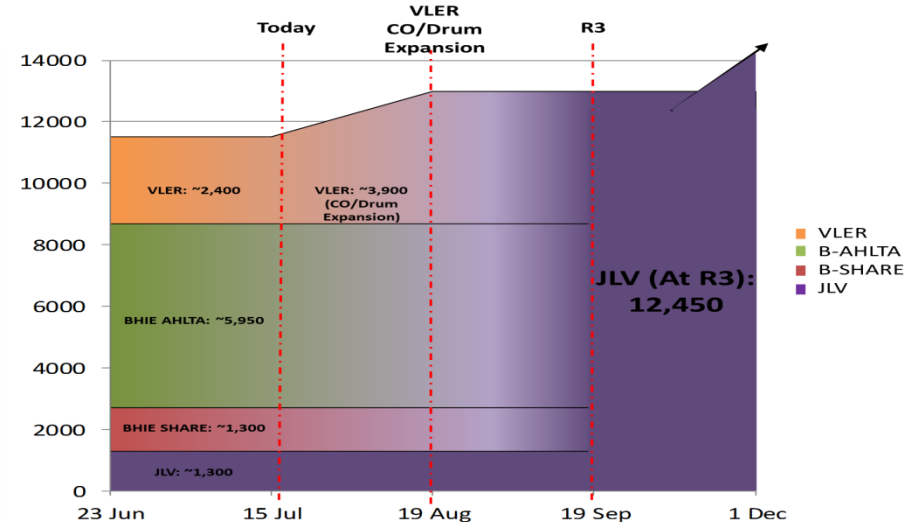


## Background

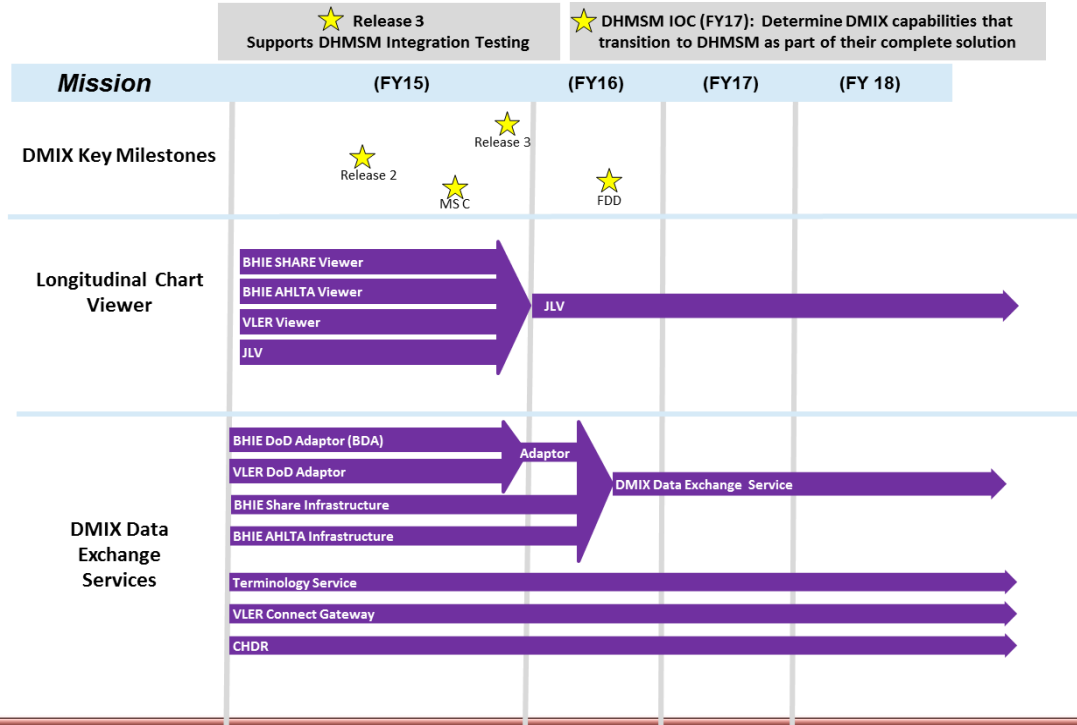
- JLV is deployed to 36 Army, 30 Navy (includes NCR), and 7 Air Force MTFs (73 total) and remains to be deployed to 82 MTFs
- ICIB Memo dated 3 June 2015 set 50% infrastructure capacity constraint and no longer number of users
- Currently at 1,300 JLV users; Projecting over 12,000 JLV users by the end of September

## Approach

- DMIX Deployment and Training Team conducts kickoff meeting about JLV Expansion and VLER Opt Out with MTFs
- DMIX coordinates with MTFs to assist in development of local workflow and incorporates into local training strategy
- Training is available via web-based training
- MTF CIO staff provides "JLV Keys" to users to enable access
- DMIX provides email reminders to Service & Site CIO for recorded kickoff, training, and legacy system sun-setting dates



# DMIX Roadmap – Reducing Duplication



## Tool Consolidation:

- VLER External Health Data Viewer will no longer be available after 19 Sep 2015
- BHIE SHARE & BHIE AHLTA Viewers begin phase out after 19 Sep 2015 – Date TBD by FAC
- Legacy Infrastructure and Adaptors will consolidate into the DMIX Data Exchange Service

## Support to DHMSM Solution:

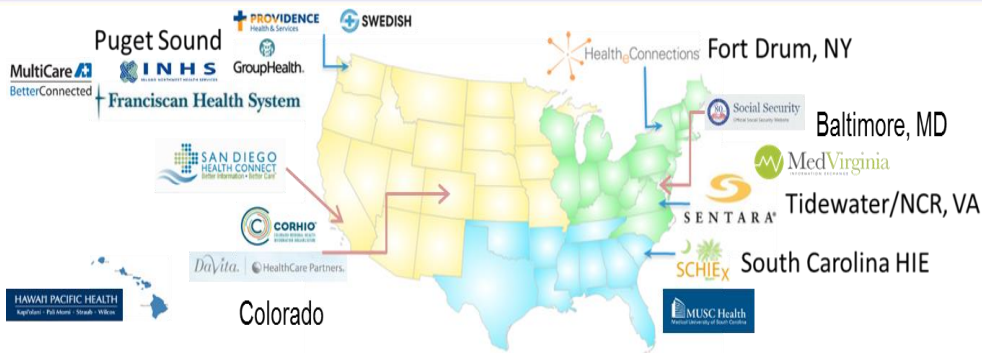
- DMIX plans to provide the DHMSM solution with access to legacy health data through FOC (FY22)
- An assessment will be made at DHMSM IOC in FY17 to determine the need for continued DMIX Viewer requirements

# Increasing Access to Private Sector Health Data



- eHealth Exchange Membership - As part of the Virtual Lifetime Electronic Record (VLER) Health initiative, the Military Health System has joined the Sequoia Project (formerly Healthway) eHealth Exchange, to electronically share health information securely
- Data Sharing – DoD’s VLER-H/E allows the exchange of DoD health data with other Federal and Private Sector Partners, for clinical care and benefits determination
- Viewing Data in JLV – Private Sector data, previously available in the VLER-H/E External Health Data Viewer, will be available in the JLV along side DoD and VA data at the end of September 2015
- VLER-H/E works very closely with DoD Governance, including the Health Information Exchange working group on VLER-H/E and JLV capabilities and priorities
- Lessons learned from the Colorado eMSM/CORHIO collaboration are informing the enterprise

# Private Sector and Federal Partners



## California

- San Diego Health Connect

## Colorado

- Colorado Regional Health Information Organization (CORHIO) (Future)
- DaVita Healthcare Partners (Future)

## Hawaii

- Hawaii Pacific Health

## Maryland

- Social Security Administration

## New York

- HealtheConnections

## South Carolina

- Medical University of South Carolina (MUSC) (Future)
- South Carolina Health Information Exchange (SCHIE) (Future)

## Washington

- Inland Health Northwest
- Providence Swedish
- Group Health Cooperative (Future)
- Franciscan Health System (Future)
- MultiCare

## Virginia

- MedVirginia
- Sentara Healthcare

## eHealth Exchange Participation - All Participants Must:

- Agree to comply with the Data Use and Reciprocal Support Agreement (DURSA)
- Connect to each other using common specifications
- Go through the onboarding and certification process for protocol/standards adoption
- Consider all national initiatives for interoperability (e.g. Sequoia Carequality “bridge”, eHealth Exchange, CommonWell, other)

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# How PHI is Shared Today



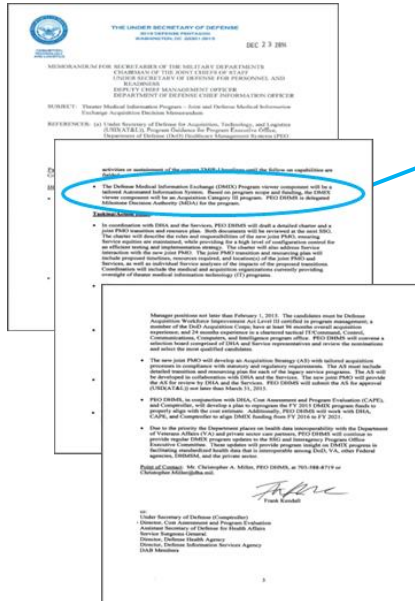
- All active duty Service Members automatically participate
- Non-active duty beneficiaries may choose not to participate in VLER Health Exchange; Health care providers may not have access to medical information, even in an emergency
- If an individual changes his/her mind, he/she can request to opt back in; Most people see the benefits of sharing their medical information with health care providers.
- In order to share PHI with a Civilian/External Trusted Partner the following must occur:
  - Provider is an External Trusted Partner on eHealth Exchange
  - Beneficiary Opt's In for that provider to share PHI (default status may vary by state or facility)

# DMIX FY16 Objectives



- Collapse legacy DoD viewers and adaptors into a single viewer (JLV) and data exchange capability (DMIX Data Exchange Service) - Sept 2015
- Increase JLV capacity to meet full enterprise deployment requirements for VA and DoD
- Incorporate access to native imagery (from HAIMS system) in JLV
- Upgrade data terminology service to support objective data sharing architecture and modernized EHR system provided by DHMSM
- Support DHMSM IOC integration and testing in Pacific Northwest
- Decommission legacy data sharing infrastructure with VA

# DMIX Programmatic Overview



- December 23, 2014 Acquisition Decision Memorandum (ADM) established DMIX Viewer component as an ACAT III highly tailored Automated Information System (AIS) and PEO DHMS as the Milestone Decision Authority (MDA)
- DMIX Entered acquisition lifecycle post Milestone B
- Milestone C achieved in August 2015
- Full Deployment Decision (FDD) planned for FY16
- Leverages a portfolio of existing contracts to meet development and sustainment requirements; no pending Request for Proposal (RFP) or contract award dependent on the MS C decision



# Evaluations



■ Please complete your evaluations

# Questions?



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# Contact Information



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